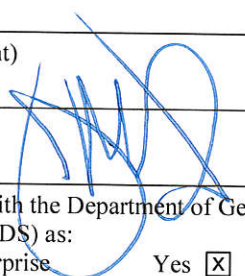


ATTACHMENT 5
BID/BIDDER CERTIFICATION SHEET

Only an individual who is authorized to bind the bidding firm contractually shall sign the Bid/Bidder Certification Sheet. The signature must indicate the title or position that the individual holds in the firm. This Bid/Bidder Certification Sheet must be signed and returned along with all "required attachments" as an entire package with original signatures. The bid must be transmitted in a sealed envelope in accordance with IFB instructions.

- A. Our all-inclusive bid is submitted in a sealed envelope marked "**Bid Submittal - Do Not Open**".
- B. All required attachments are included with this certification sheet.
- C. I have read and understand the DVBE participation requirements and have included documentation demonstrating that I have met the participation goals.
- D. The signature affixed hereon and dated certifies compliance with all the requirements of this bid document. The signature below authorizes the verification of this certification.
- E. The signature and date affixed hereon certifies that this bid is a firm offer for a 90-day period.

An Unsigned Bid/Bidder Certification Sheet May Be Cause for Bid Rejection

1. Company Name Pacific Restoration Group, Inc.	2. Telephone Number (951)940-6069	2a. Fax Number (951)940-6501
2b. Email Address jrichards@prgconst.com		
3. Address PO Box 429 Perris, CA 92572		
Indicate your organization type:		
4. <input type="checkbox"/> Sole Proprietorship	5. <input type="checkbox"/> Partnership	6. <input checked="" type="checkbox"/> Corporation
Indicate the applicable employee and/or corporation number:		
7. Federal Employee ID No. (FEIN) 33-0581671	8. California Corporation No. 1727856	
Indicate the Department of Industrial Relations information:		
9. Contractor Registration Number 1000009733		
Indicate applicable license and/or certification information:		
10. Contractor's State Licensing Board Number 685511 A,B C27	11. PUC License Number CAL-T- NA	
12. Bidder's Name (Print) John Richards	13. Title President	
14. Signature 	15. Date March 08, 2017	
16. Are you certified with the Department of General Services, Office of Small Business and Disabled Veteran Business Enterprise Services (OSDS) as:		
a. Small Business Enterprise Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, enter certification number: 9544		
b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, enter your service code below:		
NOTE: A copy of your Certification is required to be included if either of the above items is checked "Yes".		
Date application was submitted to OSDS, if an application is pending: _____		
17. Are you a Non-Small Business committing to the use of 25% Certified Small Business Subcontractor Participation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
If Yes, complete and return the Bidder Declaration form, GSPD-05-105 with your bid.		

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

BID PROPOSAL

ADM-1412 (REV. 11/2015)

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print):

Pacific Restoration Group, Inc

CONTRACT NO.

11A2545

ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	UNIT PRICE (Price Per Unit of Measure)	TOTAL (Estimated Quantity X Unit Price)
1	21,000 (total hours)	Per Hour	Cost per hour/per person (based on a five (5) person crew) as described in Exhibit A, Scope of Work	\$ 61.45	\$ 1,290,450.00

(1) THE ABOVE QUANTITIES ARE ESTIMATES ONLY AND ARE GIVEN AS A BASIS FOR COMPARISON OF BIDS. NO GUARANTEE IS MADE OR IMPLIED AS TO THE EXACT QUANTITY THAT WILL BE NEEDED.

TOTAL THIS PROPOSAL

(2) IN CASE OF DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL.

\$ 1,290,450.00

ATTACHMENT 2

Solicitation Number 11A2545

BIDDER DECLARATION

1. Prime bidder information (Review attached Bidder Declaration Instructions prior to completion of this form):

- a.** Identify current California certification(s) (MB, SB, NVSA, DVBE): SB ☐ or None ☐ (If "None," go to Item #2)
- b.** Will subcontractors be used for this contract? Yes ☒ No ☐ (If yes, indicate the distinct element of work your firm will perform in this contract e.g., list the proposed products produced by your firm, state if your firm owns the transportation vehicles that will deliver the products to the State, identify which solicited services your firm will perform, etc.). Use additional sheets, as necessary.

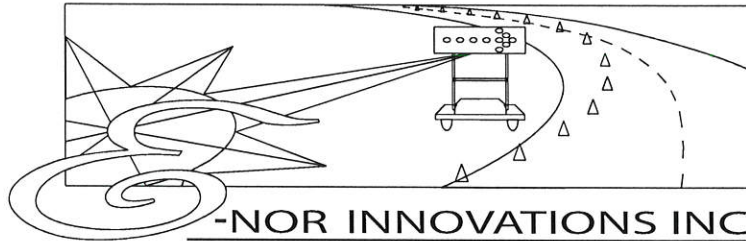
Plant Maintenance, Removal, Replacement, Irrigation Restoration, Repair, Storm water, Weed & Litter Control

- c.** If you are a California certified DVBE: (1) Are you a broker or agent? Yes ☐ No ☒
(2) If the contract includes equipment rental, does your company own at least 51% of the equipment provided in this contract (quantity and value)? Yes ☐ No ☐ N/A ☐

2. If no subcontractors will be used, skip to certification below. Otherwise, list all subcontractors for this contract. (Attach additional pages if necessary):

Subcontractor Name, Contact Person, Phone Number & Fax Number	Subcontractor Address & Email Address	CA Certification (MB, SB, NVSA, DVBE or None)	Work performed or goods provided for this contract	Corresponding % of bid price	Good Standing?	51% Rental?
E-Nor Innovations Inc Kenny Jones 310.513.6209P 310.513.6299F	16213 Illinois Ave. Paramount, CA 90723 Kenny@enortraffic.com	DVBE/SBE# 37084	Shoulder Closure	3.227	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

CERTIFICATION: By signing the bid response, I certify under penalty of perjury that the information provided is true and correct.



-NOR INNOVATIONS INC.

DVBE/SBE CERTIFIED CO. LIC. #931953

DBA: E-nor Traffic Control

16213 Illinois Ave. Paramount, CA 90723

DVBE/SBE# 37084

(310)513-6209 Ph 310-513-6299 Fax

UDBE/DBE/MBE/SBE#37718

Public Works DIR#1000007079

Date: 3/1/17

To: Bidding Estimator

Project Number: 11-A2545 (Caltrans)

Contractor: Bidding Estimator

Bid Date: 3/2/17

Bid Time: 2:15 PM

ITEM	DESCRIPTION	COST
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TRAFFIC CONTROL SYSTEMS
MONDAY-FRIDAY

			<u>DAYS</u>	PER DAY	<u>Total</u>
* SHOULDER CLOSURE	2 MEN/CREW	8HRS	18 X	\$1,450	= \$26100.00
SHOULDER CLOSURE	2 MEN/CREW	10HRS		\$1,666	
1 MAN IS CHARGED AT OVERTIME RATE.					
* ATTENUATOR TRUCK	1 MAN/CREW	8HRS	18 X	\$ 864	*15,552.00
1 LANE 1 DIRECTION, 1 MILE, 1 T.C. TRUCK 2 MEN		8HRS		\$1,450	
INCLUDES 2 RAMP CLOSURE. SEE CMS RENTAL BELOW.					\$41,652.00
1 LANE 1 DIRECTION, 1 MILE 1 T.C. CREW 2 MEN		10HRS		\$1,882	
ADDITIONAL LANE ADD		EACH		\$ 75	
1-2 LANES / W CONNECTOR CLOSURE CMS INCLUDED		8HRS		\$1,555	
CONNECTOR/RAMP CLOSURE		EACH		\$ 75	
ATTENUATOR TRUCK / DRIVER		8HRS		\$ 850	
POLITE CAR		8HRS		\$ 750	
IMPACT ATTENUATOR VEHICLE WITH DRIVER		8HRS		\$ 980	
FLAGGING - 2 MEN/DAY (T-13) NO RUMBLE STRIPS		8HRS		\$1,450	
FLAGGING - 2 MEN/DAY (T-13) INCLUDES RUMBLE STRIP.		8HRS		\$1,470	

THE DRIVER IS INVOICED PORTAL TO PORTAL. ALL LABOR IS INVOICED LOCAL.

RAMP NOTICE SIGNS	RENTAL PER DAY	EACH	\$7
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PORTABLE CHANGEABLE MESSAGE BOARD

DAILY	EACH	\$ 200.00
WEEKLY	EACH	\$ 400.00
MONTHLY	EACH	\$1,000.00

ARROWBOARD

DAILY	EACH	\$ 40.00
WEEKLY	EACH	\$ 200.00
MONTHLY	EACH	\$ 400.00

DELIVERY	EACH	\$ 55.00
PICK UP	EACH	\$ 55.00

ATTENUATOR TRUCK RENTAL DAILY \$200, WEEKLY \$875, MONTHLY \$3,500
MILEAGE CHARGE .45 PER MILE.

DELIVERY	EACH	\$ 55.00
PICK UP	EACH	\$ 55.00

ALL PROVISIONS: WILL BE ADDED AS PART OF CONTRACT BEFORE PROCEEDING.

- A. NO CONTRACT WILL BE SIGNED UNLESS ALL PROVISION ARE INCLUDED.
- B. ADDITIONAL HOURS LABOR:
 OT PER MAN, PER HOUR \$108
 DT PER MAN, PER HOUR \$125
- C. E-NOR INNOVATIONS INC. IS A UNION CONTRACTOR.
- D. PAYMENT IS DUE WITHIN 30 DAYS FROM INVOICE DATE 1.5% MONTHLY FINANCE CHARGE AFTER 30 DAYS.
- E. IF REQUIRED ADDITIONAL EQUIPMENT (I.E. CHANGEABLE MESSAGE SIGN, ATTENUATOR TRUCK) TO BE PROVIDED BY E-NOR INNOVATIONS INC AT ADDITIONAL CHARGES.
- F. PRIME CONTRACTOR IS RESPONSIBLE TO OBTAIN ALL PERMITS REQUIRED FROM CITIES INVOLVED.
- G. PRIME CONTRACTOR IS RESPONSIBLE TO COORDINATE AND PAY FOR HIGHWAY PATROL UNIT.
- H. ADDITIONAL 3 1/2 PERCENT INCREASE ADDED EVERY YEAR ON JUNE 30TH. THIS PROPOSAL WILL BECOME PART OF ANY CONTRACT.
- I. IF SPECIAL WORDING INSURANCE IS NEEDED THE AMOUNT TO BE PAID BY CONTRACTOR ALONG WITH WAIVERS OF SUBROGATION INSURANCE THE 3 % OF PAYROLL WILL BE CHARGED TO CONTRACTOR. IF NOTARY SERVICES ARE REQUIRED, PRIME CONTRACTOR IS RESPONSIBLE FOR THOSE CHARGES.
- K. EXCLUDES SPECIAL INSURANCE REQUIREMENTS. (I.E. INCREASED GENERAL LIABILITY FOR RAILROAD INSURANCE)
- L. IF EQUIPMENT IS RENTED FOR SET UP ONLY, CONTRACTOR IS RESPONSIBLE FOR CLOSURE UNTIL E-NOR INNOVATIONS INC. PICKS UP CLOSURE.
- M. ALL SIGN AND MARKER LOCATION / MARK-OUT TO BE DONE BY OTHERS AND MUST BE COMPLETED PRIOR TO E-NOR INNOVATIONS, INC. STARTING WORK. INC. IS NOT RESPONSIBLE FOR DAMAGE TO UNDERGROUND FACILITIES, NOT SHOWN ON PLANS OR, NOT MARKED OUT BY OTHER AGENCIES. (IE. CALTRANS)
- N. ALL CHANGE ORDER WORK MUST BE APPROVED BY AGENCY / OWNER PRIOR TO WORK BEING PERFORMED BY E-NOR INNOVATIONS INC.
- O. CONTRACTOR WILL BE CHARGED FOR ENOR INNOVATIONS INC. EMPLOYEES STAFF FOR ALL CLASSES/TRAINING FOR PROJECT.
- P. E-NOR INNOVATIONS INC. RESERVES RIGHT TO SUBCONTRACT WORK TO COMPLETE PROJECT.

- Q. NO WORK WILL BE PERFORMED UNTIL THIS PROPOSAL IS SIGNED AND FAXED/MAILED TO OUR LONG BEACH OFFICE.
- R. E-NOR INNOVATION CHARGES PORTAL TO PORTAL.
- S. E-NOR INNOVATIONS INC., IS A SUPPLIER OF NON-MANUFACTURED ITEMS
- T. K-RAIL, SALES OR RENTAL WITH INSTALLATION, IS AVAILABLE.

Should you have any questions, please contact me at (310) 513-6209. We look forward to working with you.

Sincerely,

KENNY JONES

DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

STD. 843 (Rev. 5/2006)

Instructions: The disabled veteran (DV) owner(s) and DV manager(s) of the Disabled Veteran Business Enterprise (DVBE) must complete this declaration when a DVBE contractor or subcontractor will provide materials, supplies, services or equipment [Military and Veterans Code Section 999.2]. Violations are misdemeanors and punishable by imprisonment or fine and violators are liable for civil penalties. All signatures are made under penalty of perjury.

SECTION 1Name of certified DVBE: E-NOR INNOVATIONS INC.DVBE Ref. Number: 37084Description (materials/supplies/services/equipment proposed): SHOULDER CLOSURESolicitation/Contract Number: 11-A2545

SCPRS Ref. Number: _____

(FOR STATE USE ONLY)

SECTION 2**APPLIES TO ALL DVBEs. Check only one box in Section 2 and provide original signatures.**

- ☒ I (we) declare that the DVBE is not a broker or agent, as defined in Military and Veterans Code Section 999.2 (b), of materials, supplies, services or equipment listed above. Also, complete Section 3 below if renting equipment.
- ☐ Pursuant to Military and Veterans Code Section 999.2 (f), I (we) declare that the DVBE is a broker or agent for the principal(s) listed below or on an attached sheet(s). (Pursuant to Military and Veterans Code 999.2 (e), State funds expended for equipment rented from equipment brokers pursuant to contracts awarded under this section shall not be credited toward the 3-percent DVBE participation goal.)

All DV owners and managers of the DVBE (attach additional pages with sufficient signature blocks for each person to sign):

KENNETH JONES

(Printed Name of DV Owner/Manager)

Kenneth Jones

(Signature of DV Owner/ Manager)

3-1-17

(Date Signed)

(Printed Name of DV Owner/Manager)

(Signature of DV Owner/Manager)

(Date Signed)

Firm/Principal for whom the DVBE is acting as a broker or agent: N/A

(If more than one firm, list on extra sheets.)

(Print or Type Name)

Firm/Principal Phone: N/AAddress: N/A**SECTION 3****APPLIES TO ALL DVBEs THAT RENT EQUIPMENT AND DECLARE THE DVBE IS NOT A BROKER.**

- ☒ Pursuant to Military and Veterans Code Section 999.2 (c), (d) and (g), I am (we are) the DV(s) with at least 51% ownership of the DVBE, or a DV manager(s) of the DVBE. The DVBE maintains certification requirements in accordance with Military and Veterans Code Section 999 et. seq.
- ☒ The undersigned owner(s) own(s) at least 51% of the quantity and value of each piece of equipment that will be rented for use in the contract identified above. I (we), the DV owners of the equipment, have submitted to the administering agency my (our) personal federal tax return(s) at time of certification and annually thereafter as defined in Military and Veterans Code 999.2, subsections (c) and (g). Failure by the disabled veteran equipment owner(s) to submit their personal federal tax return(s) to the administering agency as defined in Military and Veterans Code 999.2, subsections (c) and (g), will result in the DVBE being deemed an equipment broker.

Disabled Veteran Owner(s) of the DVBE (attach additional pages with signature blocks for each person to sign):

KENNETH JONES

(Printed Name)

Kenneth Jones

(Signature)

3-1-17

(Date Signed)

16213 Illinois Ave, Paramount CA 90765

(Address of Owner)

310-513-6209

(Telephone)

22-103521054

(Tax Identification Number of Owner)

Disabled Veteran Manager(s) of the DVBE (attach additional pages with sufficient signature blocks for each person to sign):

(Printed Name of DV Manager)

(Signature of DV Manager)

(Date Signed)

Page ____ of ____

PRINT**CLEAR**

ATTACHMENT 10

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES PROCUREMENT DIVISION

DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

STD. 843 (Rev. 5/2006)

Instructions: The disabled veteran (DV) owner(s) and DV manager(s) of the Disabled Veteran Business Enterprise (DVBE) must complete this declaration when a DVBE contractor or subcontractor will provide materials, supplies, services or equipment [Military and Veterans Code Section 999.2]. Violations are misdemeanors and punishable by imprisonment or fine and violators are liable for civil penalties. All signatures are made under penalty of perjury.

SECTION 1

Name of certified DVBE: E-NOR INNOVATIONS INC.

DVBE Ref. Number: 37084

Description (materials/supplies/services/equipment proposed): SHOULDER CLOSURE

Solicitation/Contract Number: 11-A2545

SCPRS Ref. Number: _____

(FOR STATE USE ONLY)

SECTION 2

APPLIES TO ALL DVBEs. Check only one box in Section 2 and provide original signatures.

- ☒ I (we) declare that the DVBE is not a broker or agent, as defined in Military and Veterans Code Section 999.2 (b), of materials, supplies, services or equipment listed above. Also, complete Section 3 below if renting equipment.
- ☐ Pursuant to Military and Veterans Code Section 999.2 (f), I (we) declare that the DVBE is a broker or agent for the principal(s) listed below or on an attached sheet(s). (Pursuant to Military and Veterans Code 999.2 (e), State funds expended for equipment rented from equipment brokers pursuant to contracts awarded under this section shall not be credited toward the 3-percent DVBE participation goal.)

All DV owners and managers of the DVBE (attach additional pages with sufficient signature blocks for each person to sign):

KENNETH JONES

(Printed Name of DV Owner/Manager)

Kenneth Jones

(Signature of DV Owner/Manager)

3-1-17

(Date Signed)

(Printed Name of DV Owner/Manager)

(Signature of DV Owner/Manager)

(Date Signed)

Firm/Principal for whom the DVBE is acting as a broker or agent: N/A
(If more than one firm, list on extra sheets.)

(Print or Type Name)

Firm/Principal Phone: N/A

Address: N/A

SECTION 3

APPLIES TO ALL DVBEs THAT RENT EQUIPMENT AND DECLARE THE DVBE IS NOT A BROKER.

- ☒ Pursuant to Military and Veterans Code Section 999.2 (c), (d) and (g), I am (we are) the DV(s) with at least 51% ownership of the DVBE, or a DV manager(s) of the DVBE. The DVBE maintains certification requirements in accordance with Military and Veterans Code Section 999 et. seq.
- ☒ The undersigned owner(s) own(s) at least 51% of the quantity and value of each piece of equipment that will be rented for use in the contract identified above. I (we), the DV owners of the equipment, have submitted to the administering agency my (our) personal federal tax return(s) at time of certification and annually thereafter as defined in *Military and Veterans Code 999.2, subsections (c) and (g).* Failure by the disabled veteran equipment owner(s) to submit their personal federal tax return(s) to the administering agency as defined in *Military and Veterans Code 999.2, subsections (c) and (g), will result in the DVBE being deemed an equipment broker.*

Disabled Veteran Owner(s) of the DVBE (attach additional pages with signature blocks for each person to sign):

KENNETH JONES

(Printed Name)

Kenneth Jones

(Signature)

3-1-17

(Date Signed)

16213 Illinois Ave, Paramount CA 90763

(Address of Owner)

310-513-6209

(Telephone)

22-103521054

(Tax Identification Number of Owner)

Disabled Veteran Manager(s) of the DVBE (attach additional pages with sufficient signature blocks for each person to sign):

(Printed Name of DV Manager)

(Signature of DV Manager)

(Date Signed)

Page ____ of ____

PRINT CLEAR